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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/563,909 01/10/2006			Marco Pirovano 4017-41 5626				
FITLE OF INVENTION	: SYSTEM OF INFUSIO	ON OF PHARMACOLO		· · · · · · · · · · · · · · · · · · ·			
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE I	FEE TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	YES	\$755	\$300	\$0	\$1055	05/25/2010	
EXAMINER ART UNIT			CLASS-SUBCLASS	01 FC:2501 755.00 OP			
MEHTA, BHISMA 3767			604-131000				
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 			(1) the names of up to or agents OR, alternative (2) the name of a single registered attorney or a	a single firm (having as a member a new or agent) and the names of up to cent attorneys or agents. If no name is			
3. ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print or type	oe)			
PLEASE NOTE: Unl recordation as set fort	ess an assignce is ident h in 37 CFR 3.11. Com	tified below, no assigned pletion of this form is NO	data will appear on the p T a substitute for filing an	atent. If an assigned assignment.	is identified below, the d	ocument has been filed for	
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
H.S. HOSPITAL SERVICES S.p.A. Aprilia (LT), Italy							
Please check the appropr	iate assignee category or	r categories (will not be p	rinted on the patent) :	Individual 🗓 Corp	ooration or other private gro	oup entity Government	
Aa. The following fee(s) are submitted: \(\text{\tinit}\text{\tex{\tex			 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. ✓ Payment by credit card. Form PTO-2038 is attached. ✓ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 14-1140 (enclose an extra copy of this form). 				
a. Applicant claim	tus (from status indicate s SMALL ENTITY state	us. See 37 CFR 1.27.			ENTITY status. Sec 37 C		
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This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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